

District Name: _____ LEA # _____ County: _____

School Name: _____

Arkansas Fresh Fruit and Vegetable Program Application – SY 2018-2019

Please print neatly in ink or type. Please submit a separate application for each school in your district that desires the program.

Elementary School Name	
Primary Address <i>This is where you will receive grant award announcement letters and all correspondence related to FFVP. Include city and zip code.</i>	
Primary Email Address	
This School's Grade Levels Any changes to grade configuration for SY 2018-2019? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION OF APPROVAL (ALL SIGNATURES ARE REQUIRED)

We, the undersigned, have reviewed this application and attest to the information provided.

If _____ school is selected, we agree to implement the Arkansas Fresh Fruit and Vegetable Program (FFVP) in a manner consistent with the policies and procedures established by United States Department of Agriculture (USDA) and the Arkansas Department of Education (ADE) Child Nutrition Unit (CNU). We agree to participate in any USDA or ADE CNU sponsored evaluations and to provide the information requested by the specified deadlines. We understand that FFVP funding is from federal funds thus contingent upon the federal budget process. Starting in SY 2018-2019, the Child Nutrition Director will be considered the FFVP Contact Person and is encouraged to collaborate with other stakeholders within the district and community.

REQUIRED signatures and contacts below or equivalent positions as determined by the school.

School Cafeteria Manager (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	
School Principal (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	
Child Nutrition Director (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	
Superintendent (signature): _____	Date: _____
Print name: _____	E-mail Address: _____
Phone Number: (_____) _____	

ADE CNU will complete the following using data from October 1, 2017:

Official School Enrollment _____

Percentage of Students Eligible for Free and Reduced Price Meals _____

If the school previously received a FFVP Grant, there were documented issues that might prevent successful implementation of FFVP in the future ☐ Yes ☐ No

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School Name: _____

Please complete the questionnaire below:

Are you a charter school with contracted meals? **YES** or **NO**

Are you a school that currently has a Food Service Management Company (FSMC)? **YES** or **NO**

Are you a school that is considering a FSMC for SY 2018-2019? **YES** or **NO**

Have you notified and received a commitment from your school food service, administration and teachers regarding your desire to participate in FFVP for SY 2018-2019? **YES** or **NO**. If not, please do so before submitting this application.

What days of the week do you plan to serve FFVP? (Note: A minimum of 2 days/week is required) _____


How do you plan to distribute FFVP to the students? _____

How do you plan to ensure proper food safety during distribution and service of FFVP to the students?

Who will be responsible for distributing FFVP to the students? _____

Do you have enough storage space to accommodate serving FFVP snacks to students at least twice a week? **YES** or **NO**.

The following criteria are recommendations from USDA and ADE, CNU for successful implementation of FFVP. **Please check the box indicating that the criterion has been discussed and that the plan for implementation has been documented at the school level.**

CRITERION	
Partnerships	
School has established partnerships with organizations funded from non-federal funds to provide additional resources to implement the program	
Promotion of Fruits and Vegetables to Students	
School has planned new and effective promotions of fruits and vegetables	
School has planned ways to promote this program with each student's family	
Nutrition Education Activities	
School has planned nutrition activities in the classroom to coordinate with the fruits and vegetables served to students	
School has identified ways to link the classroom, home/family, and cafeteria through the FFVP	

Application not received by 4:30pm on the deadline will be disqualified.

Applications will not be returned. Keep a copy for your files.

Applications will **ONLY** be accepted via email (scanned with signatures).

Please send applications to ade.ffvpapp@arkansas.gov

Applications must arrive by Receipt Deadline: **March 16, 2018.**